

Blowing the Deal - Top 5 Mistakes Made When Recruiting Physicians



By Alan Hitchcock, SPHR

Competition in recruiting physicians is fierce. Are promising candidates slipping away just as you are getting ready to make an offer? Making mistakes when recruiting physicians these days can be fatal now that competition is so intense. These mistakes can alienate your candidates and ultimately hamper your recruiting process. Following are five common mistakes medical groups make when interviewing new physicians. Avoiding them will give you a strong advantage in today's tight physician talent market.

1. A CHAOTIC RECRUITMENT PROCESS:

There is nothing more revealing about an organization than when a candidate hears conflicting views about the job opportunity. It is critical that everyone coming in contact with the candidate must share a consistent message. The message shouldn't hide problems or challenges, and it must be consistent. A more productive interview approach in recruiting top talent is to frame problems as opportunities and to engage candidates by talking openly and envisioning how they can play a strategic part in the future success of your organization. Unfortunately, many who lead the interview process spend a majority of time lamenting about problems and challenges which can turn candidates off permanently.

2. FAILURE TO ENGAGE SPOUSE AND FAMILY:

The spouse and family are as much as 98 percent of the decision-making process. A 2009 national recruiting and retention survey found the greatest challenge cited in recruiting physicians was "family and spouse concerns," with the top reason for rejecting an offer being the unwillingness of the spouse and/or family to relocate. Specifics cited by candidates ranged

from a spouse's career, schools, special interests or needs by a family member, and cultural differences. Surprisingly, only two percent of respondents reported that their organization invites the spouse to accompany the candidate on the first visit and a surprising number waited until the third visit to engage the spouse and family. Failure to engage spouse and family early has led to increased site visits and resulted in a significant waste of financial and human resources.

3. LACK OF A CANDIDATE-FOCUSED PROCESS:

Recruiting Top Talent is an art form and competition is fierce. What are the attributes that set your organization apart? Some call this the "red carpet" moment. What do you have planned that will be memorable to the candidate and their family? Candidates ultimately interview with as many as five institutions prior to making a decision. If your process is not highly tailored, the candidate will tend to forget about your institution as they interview elsewhere. Some successful examples of "red carpet" moments include: 1) have a key physician or administrator greet candidates at the airport; 2) schedule direct flights for candidates even if they are more expensive; 3) provide a welcome basket with a note and agendas in their hotel room; 4) schedule time for key individuals such as the CEO, practice managers or others to visit with the candidate and welcome them; and 5) engage the spouse and family. First impressions are critical and a bad first impression can cost you good candidates.

4. NOT BEING COMPETITIVE BASED ON THE CANDIDATE'S STANDARDS:

The second most cited reason given by a candidate rejecting an offer was attributed to the

compensation package. When considering current shortages and all the time, effort, energy and resources spent in recruitment, why then do so many organizations offer Top Talent a mid-range compensation and professional package that falls short of the candidate's expectations? Competitive packages tied to high expectations yield the greatest ROI for all parties.

5. NEGATIVE NEGOTIATION: Many institutions engage in "negative salary negotiation approach." They make low-ball offers, multiple counter offers, and/or present a "take it or leave it" attitude, paying the mid-range and not budging. The opportunity to secure Top Talent should not be squandered over a few thousand dollars or a bruised ego.

Although these mistakes can make or break your physician recruitment program, the good news is medical groups can, with some planning and thought and often for a modest investment, build a physician recruiting program that is both candidate-centric and consistent in the message it delivers. With some forethought and planning, your program will allow you to make a more favorable impression on candidates, make better decisions more quickly, and become more competitive in the physician talent market. +

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